



United States Department of Agriculture

I025494

Animal and
Plant Health
Inspection
Service

ENQL 7-1 CY13
PERMANENT
Retire 08/18

Policy and Program
Development

August 1, 2013

Environmental and Risk
Analysis
Services, Unit 149
4700 River Road
Riverdale, MD 20737

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
Ariel Rios Building
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue N.W.
Washington, DC 20460-0001

ATTN: Mr. Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) quarterly report: aggregate adverse effect incidents dated March, April, and May 2013 for the reporting period ending July 31, 2013

During this reporting period, the following APHIS-registered pesticide product was involved in adverse incidents:

EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

<u>Incident Category</u>	<u>No. of Incidents</u>
W-A	1
D-A	1
W-B	4

Details of the incidents (involving the deaths of one bald eagle, one domestic dog, one domestic raven, and three feral dogs) can be found in the enclosures.

Please direct any questions pertaining to the adverse incident report to Ann Nasr at (301) 851-3099 or e-mail ann.m.nasr@aphis.usda.gov.

Sincerely,

David S. Reinhold
Chief, Environmental and Risk Analysis Services

Enclosures



U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE WA	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 05/08/2013	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 05/08/2013	<input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Joel Lyons		TELEPHONE NUMBER 701-439-2022	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 6985 149th Avenue SE McCleod, ND 58057			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Walcott	STATE ND	COUNTY Richland	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Eagle, Bald
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EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

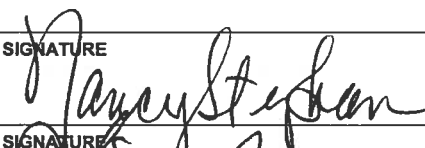
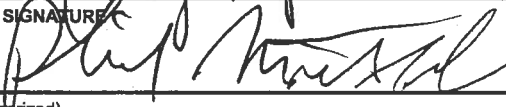
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE <i>Nancy Stephan</i>	TELEPHONE NUMBER 701-250-4405	DATE 05/29/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE <i>Phil Mastrangelo</i>	TELEPHONE NUMBER 701-250-4405	DATE 05/29/2013

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
SPECIES COMMON NAME Raven, Common	BREED (if known)	
DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS The Eagle was killed after activating a M-44 device.		
IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies): 		
MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)		
PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)		
1 M-44 device was activated.		
WAS PREBAITING USED ON THE SITE (Describe) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.		
ADDITIONAL FACTORS		
NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 05/29/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 05/29/2013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D_A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 4/30/2013	ES USE ONLY REPORT NUMBER 3 0 1 3
	Date <input type="checkbox"/> New	Date of last submission <input checked="" type="checkbox"/> Update 5-16-13		
EMPLOYEE NAME (To contact for additional information) Dwayne Milliron		TELEPHONE NUMBER 575-355-7585	CONTACT NAME (If Non-APHIS) 	

DUTY STATION ADDRESS
Fort Sumner, N.M. 88119

ADDRESS
[REDACTED]

INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Fort Sumner	STATE N.M.	COUNTY DeBaca	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

Inhalation

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Range Land

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Normal use of m-44 unit

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME m-44 cyanide capsule	ACTIVE INGREDIENT sodium cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (if applicable) 91.06% active, 8.94% inactive	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (if applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

a free range orferal dog pulled an m-44 Device on a band that had experienced loss of livestock to coyotes. the cooperater, [REDACTED] contacted a neighbor, [REDACTED] the owner of the dog. Mr. [REDACTED] acknowledged that his dog should not have been that far away (about 3 miles) and expressed that he held no ill feelings over the incident.

NAME OF PREPARER Dwayne Milliron	SIGNATURE <i>Dwayne Milliron</i>	TELEPHONE NUMBER 575-355-7585	DATE 5-14-13
NAME OF SUPERVISOR Brian Archuleta	SIGNATURE <i>B. Archuleta</i>	TELEPHONE NUMBER 575-623-3310	DATE 5/22/13

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

N/A

SPECIES COMMON NAME

Dog

BREED (If known)

Large Mixed Breed

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

Death

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies)

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 unit/ capsule

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

open rangeland, mesa top habitat
m-44 unit was set in response to predation of livestock by coyotes.
Free range dog pulled m-44.

open rangeland, mesa top habitat, m-44 unit was set in response to predation of livestock by coyotes. Free range dog pulled m-44.

ADDITIONAL FACTORS

The owner of the dog, Mr. [REDACTED] was contacted by the Cooperator who discussed the incident with him. Mr. [REDACTED] stated that the dog should not have been so far from his home and Mr. [REDACTED] had no ill feeling over the incident.
Mr. [REDACTED] contact info. is [REDACTED]

NAME OF PREPARER

Dwayne Milliron

SIGNATURE

Dwayne Milliron

DATE

5-14-13

NAME OF SUPERVISOR

Brian V. Archuleta

SIGNATURE

B. V. Archuleta

DATE

5/24/13

WS FORM 160B-R (June 99)

(Local Reproduction Authorized)

Personal privacy information

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03/01/2013	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 03/01/2013	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th St. North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Rolette	STATE ND	COUNTY Rolette	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS Data</u>	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)] Rangeland/Pasture	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation] M-44 device activated by non-target species - Feral Dog
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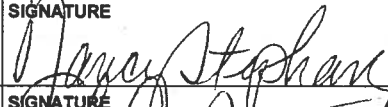
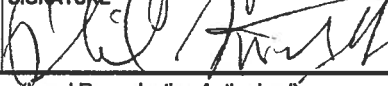
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (if "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of an integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 03/19/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 03/19/2013

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

ES USE ONLY
REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

SPECIES COMMON NAME

Dog, Feral, Free-Ranging and Hybrids

BREED (If known)

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The pet was killed after activating an M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

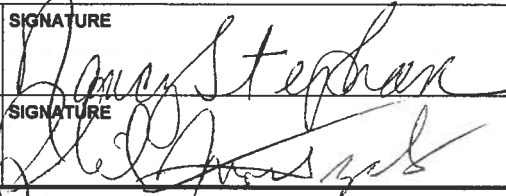
M-44 device was set in range/pasture land for management of coyote predation on livestock

ADDITIONAL FACTORS

NAME OF PREPARER

Nancy Stephan

SIGNATURE



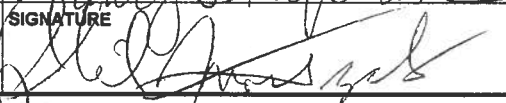
DATE

03/19/2013

NAME OF SUPERVISOR

Phil Mastrangelo

SIGNATURE



DATE

03/19/2013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE WB	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 04/03/2013	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 04/03/2013	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th Street North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Bottineau	STATE ND	COUNTY Bottineau	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other MIS Data	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 device activated by non-target species - Raven, Common

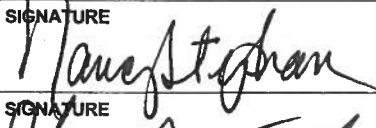
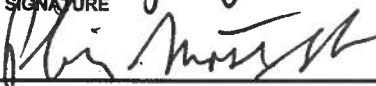
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 devices had been set as part of integrated predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input checked="" type="checkbox"/> Bird <input type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild
SPECIES COMMON NAME Raven, Common		NUMBER OR ACRES AFFECTED
BREED (If known)		

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Raven was killed after activating a M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

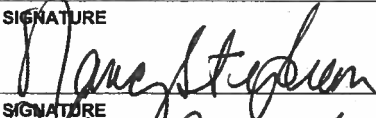

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 devices were set in Range/Pasture land for management of coyote predation in livestock.

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 05/20/2013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 04/18/2013	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 04/18/2013	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th St. North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Rolette	STATE ND	COUNTY Rolette	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS Data</u>	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 device activated by
non-target species - Feral Dog

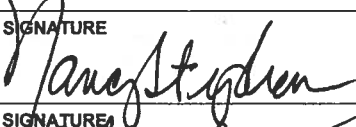
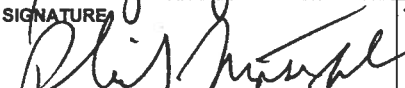
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of an integrated predator damage
program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME Dog, Feral, Free-Ranging and Hybrids	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The pet was killed after activating an M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

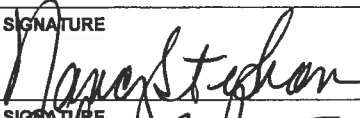

1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in range/pasture land for management of coyote predation on livestock

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 05/20/2013

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 05/06/2013	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 05/06/2013	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Scott Evens		TELEPHONE NUMBER 701-728-6623	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
DUTY STATION ADDRESS 930 59th St. North Granville, ND 58741			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY Rolette	STATE ND	COUNTY Rolette	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other <u>MIS Data</u>	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

Rangeland/Pasture

M-44 device activated by
non-target species - Feral Dog

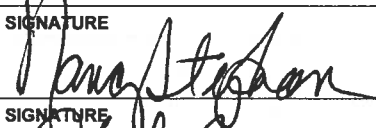

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of an integrated predator damage
program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 05/20/2013

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM		ES USE ONLY
		REPORT NUMBER
"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant		"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild
SPECIES COMMON NAME Dog, Feral, Free-Ranging and Hybrids		NUMBER OR ACRES AFFECTED
BREED (If known)		

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The pet was killed after activating an M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

1 M-44 device was activated.

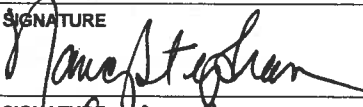

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☐ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in range/pasture land for management of coyote predation on livestock

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 05/20/2013
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 05/20/2013